

# **EXHIBIT I**



CAROLEE C. SUNDERLAND  
Commissioner  
Fax 914-995-3190  
MELISSA J. NACERINO  
Deputy Commissioner

25 Quarropas Street  
White Plains, NY 10601  
914-995-5700  
[www.westchestergov.com/boe](http://www.westchestergov.com/boe)

REGINALD A. LAFAYETTE  
Commissioner  
Fax 914-995-7753  
JEANNIE L. PALAZOLA  
Deputy Commissioner

### Certification of Registration

We, the Commissioners of the Westchester County Board of Elections, do hereby certify that the following information is a true and correct copy of the voter registration record on file in this office for:

MARK ELLIOT ZUCKERBERG

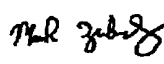
**Date of Registration:** 09-30-2002  
**Serial Number:** 97100174  
**Status:** ACTIVE  
**Address:** 2 RUSSELL PL, DOBBS FERRY NY 10522  
**T/W/D:** 40065 **Sex:** M  
**Date of Birth:** 05-14-1984  
**Party:** NON

Witness my hand and official seal at Westchester County, State of New York, on June 19, 2006 .

Commissioners of Elections  
County of Westchester, State of New York

Two handwritten signatures in black ink. The first signature is "Carlee Sunderland" and the second is "Jeannie L. Palazola". Both signatures are written over horizontal lines. Below the second signature, the word "Commissioners" is printed.

97100174 ZUCKERBERG, MARK ELLIOT  
Image Loc: 2002273L370MAIL

You can use this form to: <input type="checkbox"/> register to vote <input type="checkbox"/> report that your name or address has changed <input type="checkbox"/> register with a party Please print in blue or black ink				This space for office use only.			
1	Mr. Mrs. Miss Mx.	Last Name <b>Zuckerberg</b>	First Name <b>Mark</b>	Middle Name(s) <b>Elliot</b>	(Circle one) Jr Sr II III IV		
2	Address (see instructions) Street (or route and box number) <b>2 Ruck Place</b>		Apt. or Lot #	City/Town <b>Dobbs Ferry</b>	State <b>NY</b>	Zip Code <b>10522</b>	
3	Address Where You Get Your Mail If Different From Above (see instructions)		City/Town	State	Zip Code		
4	Date of Birth <b>05 / 14 / 84</b>		5	Telephone Number (optional)		6	
					ID Number (see item 6 in the instructions for your State)		
7	Choice of Party (see item 7 in the instructions for your State)			8			
						Race or Ethnic Group (see item 8 in the instructions for your State)	
9	I swear/affirm that: <input type="checkbox"/> I am a United States citizen <input type="checkbox"/> I meet the eligibility requirements of my state and subscribe to any oath required. (See item 9 in the instructions for your state before you sign.) <input type="checkbox"/> The information I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false information, I may be fined, imprisoned, or (if not a U.S. citizen) deported from or refused entry to the United States.			Please sign full name (or put mark)  Date: <b>06 / 09 / 02</b> Month Day Year			
10	If the applicant is unable to sign, who helped the applicant fill out this application? Give name, address and phone number (phone number optional).						

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25 Quarropas Street  
White Plains, New York 10601  
(914) 995-5700  
www.westchestergov.com/boe

**Board of Elections**

# Fax

To: Barbara Peck From: Jason B.  
Fax: (914) 995-3190 Pages: 3  
Phone: (914) 995-5708 Date: 6/19/06  
Re: \_\_\_\_\_ CC: \_\_\_\_\_

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